

## **Assessment**

### **Guidelines for Physician Evaluation**

**Review of Records:** (Taken from "history growth" section under red tag in chart)

- ❖ Brief summary prior records:
  - Child Development and Family Experience
  - Chief Complaint
  - Nursing Triage
  - School records, psychological or educational testing, etc.
- ❖ Complete review with parent questions, focusing on:
  - Medical history: immunizations, illnesses, injuries, hospitalizations, head trauma, seizures, vision/hearing abnormalities, medications, and allergies.
  - Daily habits: eating, sleeping, waking, toileting, routines and irregularities

**Behavioral Observations:** (gained from direct observation of child responses to the situation, people, parents, special tasks)

- ❖ Initial Observations (Record any oddities or lack thereof in first impression)
  - Appearance: neat, relaxed, disheveled, dirty, clean, small, large, older or younger than stated age
  - Disposition: positive, negative, mixed, ambivalent, resistant
  - Mood: happy, sad, anxious, angry, blunted
    - Indicate intensity of mood
    - Emotional expression
  - Approach: relaxed, agitated, inhibited, impulsive, shy, avoidant, energetic
    - Energy level in relation to task (appropriate, inappropriate, variable, slow building)
  - Response: cooperative, submissive, stubborn, resistant, oppositional
    - Speech rate, volume, spontaneity
    - Motor responses: fidgety, lethargic, abnormal, agitated

**Mental Status Exam:** (does not have to be a "formal" evaluation, but can be gathered during the assessment)

- ❖ questions that might help you explore these domains with children:
  - Why are you here? Whose idea was it?
  - Tell me about your family. How well do you get along with them (easiest/ hardest)?
  - What do you like to do? What kinds of things don't you like? What are you good at?
  - Do you have a best friend? How easy or hard to make/keep friends? Do kids like you?
  - What do you do when you are sad? Mad? Happy? Does it happen a lot?
  - Have you ever thought about or tried to hurt yourself? Do you ever wish you were dead?
  - Do you get into fights? What happens when you get mad? What do others do?
  - What do you like most/ least about school? Tell me about your grades, teachers, other kids, etc.
  - What do you want to do when you get older?
  - If you could change anything in your life, so it was perfect, what three things would be different?
  - Three wishes? If your parent had a wish, what would it be?

Mood and Affect:

- Stability/ lability of mood
    - How child feels most of the time
    - Moods change a lot? Confused by feelings often?
  - How child responds to negative emotions
    - Appropriateness of reactions
    - Blunted, normal, exaggerated expression of emotions
  - What do others think of child?
    - How would your friend's describe you?
- ❖ Thought Content \*make sure questions are developmentally appropriate
- Suicidal, aggressive, homicidal ideation
    - Do you ever think about hurting yourself or someone else?
    - Have you ever done anything to hurt yourself on purpose?
    - Do you ever think about dying? Do you ever want to die?

- Depressive cognitions
  - Guilt, worthlessness, hopelessness, feeling unloved or unwanted
  - Obsessions, ruminations, fears
- Delusions
- ❖ Thought Processes \*often hard to distinguish normal from abnormal in younger children
  - Coherence; perseveration; logical stream
- ❖ Perception and Orientation
  - Hallucinations; Depersonalization; Oriented to person, place, time, reality testing

### ***General Physical Exam***

- Growth (check under red tag in chart for what has already been recorded and measure what's left)
  - Height, weight, head circumference, pulse, blood pressure
  - Any other areas of interest
- Areas indicated by positive response in history, ROS, or by chief complaint
- HEENT/lungs, heart, etc.
- Review any dysmorphic findings from stature, cranial-facial, or hand findings
- Look for any neurocutaneous lesions and/or cutaneous scarring
- Look for any orthopedic findings
- Endocrine assessment

### **Neurological Screen** (make sure tasks are developmentally and culturally appropriate)

- ❖ Alertness, interest, concentration
  - 1,2,3,4,5, (), 7,8,9. What number was left out?
  - When I say 5,10,15,20, what comes next?
  - Starting with the number 30, count backwards by (2,3)'s to zero. Like this, 30, 28, now you do it.
- ❖ Memory
  - Remote
    - Who is the president of the United States?
    - What are the four seasons of the year?
    - Who is the governor in Utah? The capital?

- Immediate
  - I'm going to say three (five for older child) things and I want you to repeat them: "House, tree, ball" (pen, money)
  - Now I'm going to say some numbers and I want you to listen and repeat them when I am done: 287 - 341; 2874 - 9436; 17549 – 63295
- Recent
  - Can you remember the three things you had to repeat (house, tree, ball)? (pen, money)
  - Ask the child to remember what they had for breakfast, or something you talked with them about earlier in the interview.
- ❖ Speech, Language and Cognition: (observe and record speech tone, articulation, and content, fund of knowledge, judgment, and abstraction)
  - Let's see how many different animals you can think of.
  - How are a penny and a dime alike? An orange and a pear?
  - Have the child
    - (a) Repeat a 4-8 word sentence
    - (b) Copy a 4-8 word sentence
    - (c) Read a 4-8 word sentence
    - (d) Write a 4-8 word sentence
  - Give multi-step directions (use before and after)
- ❖ Dominance ("Hand, foot, visual, auditory)
- ❖ Motor Exam
  - Involuntary movements:
    - Tics, tremor, mirror movements, self-stimulation behaviors, stereotyped movements; Assess deep tendon reflexes
  - Voluntary movements:
    - Symmetry and bulk, posture, muscle tone and strength, coordination and gait
    - Examine motor sequencing and motor planning
- ❖ Sensory Exam
  - Vision
    - Visual fields and eye movements
    - Visual-spatial integration (copying skills)
    - Visual sensitivities (brightness, etc.)
    - Cover Test, PERRLA
  - Audition
    - Abnormalities in central auditory processing
    - Auditory sensitivities (tones, amplitude)

- Touch
  - Simultaneous touch
  - Touch sensitivities (to textures, pressures, hot/cold)
  - Hand stereogenesis, kinesthesia, and graphesthesia
- Other CNS
  - Cranial nerves I through XII
  - Fundus and discs if appropriate
  -

## Summary of Findings

- ❖ Present findings in coherent fashion at team meeting
  - What are your general thoughts about this child?
  - What are the child's hopes, wishes, desires?
  - What are the factors that influence the child's ability to interact with his/her environment? Learning style?
  - What are distinctive strengths (weaknesses) observed in this child?
  - Does the problem satisfy an adaptive function for the family?
  - Is there a dominant temperament trait or emotional theme conveyed by the child?
- ❖ Document observations, findings, & your actions for future interactions with this family/child
  - What might I have seen that would be helpful for others to know about this child?
  - What language can I use to promote best fit with family or team?

Recommendations for further evaluation and/or treatment
- ❖ Indications for further evaluation
  - questions/concerns arose from your assessment
  - Findings that are inconsistent with other findings/reports
    - Can you determine the reason for the inconsistencies?
    - Are there any biases in reporting that may account for inconsistencies?
  - Any ideas about other testing or laboratory assessment or imaging studies
- ❖ Indications for treatment goals
  - Any ideas about effecting change on child, family, or environment, how to improve goodness of fit
  - What protection factors can be increased?
  - Any ideas about options that are likely to fail and why
  - Any noticeable obstacles in treatment planning
    - Motivation, family functioning, information and understanding, environmental challenges